

Case Number:	CM14-0116295		
Date Assigned:	08/06/2014	Date of Injury:	03/08/2007
Decision Date:	09/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who was reportedly injured on March 8, 2007. The mechanism of injury is noted as lifting a heavy piece of sheet metal. The most recent progress note dated June 9, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Butrans patches were stated to have provided significant improvement. The physical examination demonstrated decreased lumbar spine range of motion and a positive left-sided straight leg raise test in the supine position at 30. Reflexes were absent at L4 bilaterally and on the left side at S1. There was tenderness of the spinal processes from L3-L5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine foraminotomy and L4-L5 fusion with subsequent hardware removal as well as physical therapy, acupuncture, and chiropractic care. A request was made for Butrans patches, Norco, amitriptyline and ibuprofen and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Butrans patches 20mcg, quantity 4, no refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 26, 27 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, fails to document that the injured employee meets the criteria for the use of this medication. As such, this request for Butrans patches is not medically necessary.

Norco 10/325 mg, quantity 120, no refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 26, 27 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Amitriptyline 50 mg, quantity 30, no refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 13-15 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of tricyclic antidepressants in chronic pain management and consider tricyclics a first-line option in the treatment of neuropathic pain. Elavil (Amitriptyline) is a tricyclic antidepressant medication. However there is no documentation of neuropathic pain in the attached medical record. Therefore this request for amitriptyline is not medically necessary.

Ibuprofen 80 mg, quantity 90, no refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 70-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. The injured employee does have chronic low back pain, however this request is for the highest available dosage. Considering this, the request for ibuprofen 800 mg is not medically necessary.